

**Waste Management, Inc.**

A WMX Technologies Company
Three Greenwood Square
3329 Street Road
Bensalem, PA 19020-8532

Phone 215.244.9514
Fax 215.244.1308

June 22, 1995

Mr. James S. Haklar, P.E.
New Jersey Branch II
Emergency and Remedial Response
United States Environmental Protection Agency
290 Broadway, 19th Floor
New York, NY 10007-1866

Re: Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Mr. Haklar:

The Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site prepared by Conti and its operating subcontractor for the month of May, 1995, is attached. Copies have been included for you to send to NJDEP. We will send these directly if you desire. We understand that NJDEP copies are to go Mr. Ian Curtis and:

Ms. Susan Dietrick
NJ Department of Environmental Protection
Division of Water Quality
Bureau of Permit Management
401 East State Street, Floor 2, CN 029
Trenton, NJ 08625.

Sincerely,
Representing SCA Services, Inc., and Kin-Buc, Inc.,

Wayne Thurman
Sr. Construction Manager / Facility Coordinator

Enclosure

cc: Rick Karr - SCA
Anthony LaBato - Conti
Bob Morano - Kin-Buc, Inc.
Luz Spann - USCOE

562237





Metcalf & Eddy

An Air & Water Technologies Company

A-012523

June 22, 1995

Mr. Anthony LaBato
Project Manager
Conti Environmental, Inc.
383 Meadow Road
Edison, New Jersey 08818

Re: Kin-Buc Landfill Leachate Treatment Facility
Discharge Monitoring Report - May 1995

Dear Mr. LaBato:

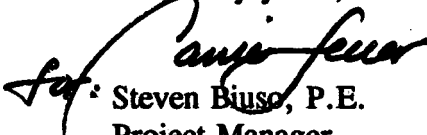
In accordance with the Surface Water Discharge Permit Equivalent dated August 24, 1992, Metcalf & Eddy is pleased to transmit the enclosed original copy of Transmittal Form T-VWX-014, the 6-page Discharge Monitoring Report (DMR) and the Monthly Report for the Kin-Buc Landfill Leachate Treatment Facility for the month of May 1995. The monthly report is a summary of the operation and maintenance of the treatment plant. These enclosures have been prepared by James Russell of Professional Services Group, Chief Operator at the Kin-Buc Landfill Leachate Treatment Plant, NJDEP N-4 License Registration No. 000771.

Please refer to the Monthly Report for the indicated Permit Equivalent exceptions.

Please be reminded that in accordance with the facility NJDEP discharge permit, all DMRs shall be submitted within 25 days of the start of the following month. DMRs should be mailed to Susan Dietrick with a copy sent to Ian Curtis at the address provided in our June 5, 1995 letter.

If you have any questions, please call me at 908-685-6117.

Very truly yours,


Steven Biuso, P.E.
Project Manager
Metcalf & Eddy, Inc.

SB/CF:cf
enclosures

c: J. Russell
C. Feuer

Recycled Paper

KIN-BUC LANDFILL LEACHATE TREATMENT FACILITY

MONTHLY REPORT - MAY 1995

A. OPERATIONS

All parameters for monthly compliance analyses were within the Permit Equivalent effluent limitations with the following exceptions for the month of May:

- **Incorrect Testing Frequency -**
Analysis of petroleum hydrocarbons, COD, and BOD was performed only once during the month of May due to an inadvertent error in scheduling the certified lab. The analyses for these parameters should have been twice during the month. Additional administrative procedures have been taken to minimize this from occurring in the future. EPA has been notified.
- **Acute Toxicity Not Tested -**
Confusion resulting from the discrepancy between the discharge permit and the Startup Manual as to the frequency of this test did not allow time to schedule this test in May 1995. However, this test was performed and passed in early June 1995.

The facility was in full operation during the month of May with no operational problems, bypasses or interruptions with the following exception:

- The plant was down for a total of 12 hours on May 24 and 25 due to a high level alarm in the acid neutralization tank. This was caused by a defective modulating valve which has since been corrected.

The filter press has been on line and operating well since May 26. The methane detection system has been on line continuously since May 23.

The plant was staffed 24 hours per day through May 15. From May 16 through the end of the month, coverage was 8 hours per day, Monday through Friday; 5 hours per day, Saturday; and no coverage on Sundays.

The volume of flow treated and the amount of sludge removed from site during May are as follows:

Total Effluent Discharged:	995,240	gallons
Average Daily Flow:	32,104	gpd
Maximum Daily Rate:	50,859	gpd
Sludge Cake Removed:	0	tons

B. MAINTENANCE

Maintenance performed during May is summarized as follows:

- Impellers were changed from 5 1/8" to 6" on PACT feed pumps (P-561 and P-562) to increase flow capacity.
- Motor for aeration blower (AB-751) was replaced by the manufacturer due to a defective bearing.
- Level switch in the filter press day tank (T-940) was replaced. Thermal overloads were installed in the day tank mixer motor starter.
- Two air vents were installed in the effluent discharge pipe to prevent effluent from backing up in the flow channels from trapped air.

C. ACCIDENTS, INCIDENTS AND EMERGENCIES

There were no accidents, incidents or emergencies during May.

OPERATING EXCEPTIONS DETAILED

- *1. Analysis of petroleum hydrocarbons, COD, BOD % Removal was performed only once during May 1995 due to an error on the part of the Chief Operator in scheduling the certified laboratory. This is a violation of the permit requirement for frequency of analysis for these analytes. The tests should have been performed twice (bi-monthly) and were only performed once.
- **2. A discrepancy between the Discharge Permit and the Initial Start-up and Operation Manual as to the frequency of analysis for Acute Toxicity resulted in the Acute Toxicity test not being scheduled and performed in May 1995. The test was however performed and passed the first week of June 1995.

HOURS ATTENDED AT PLANTMonth 05 Year 95

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	11
Others																3
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator	8	8	8	5		8	10	8	11	8	6	1	8	11	8	
Others																

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME Mr. Wayne Thurman
 ADDRESS c/o SCA Services, Inc.
3 Greenwood Square
Bensalem, PA 19020
 FACILITY Kin-Buc Landfill
 LOCATION Edison, New Jersey

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NJ Permit Equil.
 PERMIT NUMBER

001
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
95	05	1	95	05	31			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	.032	.051	MGD					0	Cont.	Flow-meter
	PERMIT REQUIREMENT	Report Only	Report Only		*****	*****	*****	*****	0	Cont.	Flow-meter
pH	SAMPLE MEASUREMENT			*****	8.26		8.33	S.U.	0	1/week	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 - 9.0 Daily Min.	*****	9.0		0	Weekly	Grab
Petroleum Hydrocarbons	SAMPLE MEASUREMENT			*****		<1.0	<1.0	mg/l	0	1/month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15		0	2/Month	Grab
COD	SAMPLE MEASUREMENT	11.36	18.11	kg/day		93.8	93.8	mg/l	0	1/month	Comp. 24
	PERMIT REQUIREMENT	Report Only	Report Only		*****	Report Only	100		0	2/Month	Comp.
BOD ₅ % Removal	SAMPLE MEASUREMENT			*****	99.4			%	0	1/month	
	PERMIT REQUIREMENT	*****	*****		90	*****	*****		0	2/Month	Calculated
Total Suspended Solids	SAMPLE MEASUREMENT			kg/day		5.1	8.4	mg/l	0	1/week	Comp. 24
	PERMIT REQUIREMENT	Report Only	Report Only		*****	30	45(1)		0	Weekly	Comp.
Dissolved Oxygen	SAMPLE MEASUREMENT				7.6			mg/l	0	1/week	Grab
	PERMIT REQUIREMENT	*****	*****		4.0 Min. Instantaneous	*****	*****		0	Weekly	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
James Russell Chief Operator Professional Services Group TYPED OR PRINTED						At Plant:		95 6 18			
						708 572-6294					
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(1) 7-day average See transmittal sheet.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)
NAME

ADDRESS

FACILITY Kin-Buc Landfill
LOCATION Edison, New Jersey

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

NJ Permit Equil.
PERMIT NUMBER

001
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
95	05	1	95	05	31			
(20-21)			(26-27)			(28-29)		
(22-23)			(30-31)					

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Benzene	SAMPLE MEASUREMENT	0.000242	0.000386	kg/day		<0.2	<0.2	ug/l	0	1/week	Grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/Month	Grab
Chlorobenzene	SAMPLE MEASUREMENT	0.000121	0.000193	kg/day		<0.1	<0.1	ug/l	0	1/week	Grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/Month	Grab
1,1 Dichloroethane	SAMPLE MEASUREMENT	0.000363	0.000579	kg/day		<0.3	<0.3	ug/l	0	1/week	Grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/Month	Grab
Ethylbenzene	SAMPLE MEASUREMENT	0.000242	0.000386	kg/day		<0.2	<0.2	ug/l	0	1/week	Grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/Month	Grab
Tetrachloroethylene	SAMPLE MEASUREMENT	0.000121	0.000193	kg/day		<0.1	<0.1	ug/l	0	1/week	Grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/Month	Grab
Toluene	SAMPLE MEASUREMENT	0.000242	0.000386	kg/day		<0.2	<0.2	ug/l	0	1/week	Grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/Month	Grab
1,2-trans Dichloroethy	SAMPLE MEASUREMENT	0.000363	0.000579	kg/day		<0.3	<0.3	ug/l	0	1/week	Grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/Month	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
James Russell Chief Operator Professional Services Group											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				908 572-6294		95 6 18			
						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME

ADDRESS

FACILITY Kin-Buc Landfill
LOCATION Edison, New Jersey

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

NJ Permit Equil.
PERMIT NUMBER

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DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
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MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
95	05	1	95	05	31			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)			

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
Trichloroethylene	SAMPLE MEASUREMENT	<.0000484	<.0000772	kg/day				0	1/week	Grab	
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69		2/Month	Grab	
Vinyl Chloride	SAMPLE MEASUREMENT	<.0000484	<.0000772	kg/day		<0.4	<0.4	0	1/week	Grab	
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106		Weekly	Grab	
Acenaphthylene	SAMPLE MEASUREMENT	<.0002083	<.000332	kg/day		<1.72	<1.72	0	3/Month	Grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43		Monthly	Grab	
Benzo(a)Anthracene	SAMPLE MEASUREMENT	<.0002083	<.000332	kg/day		<1.72	<1.72	0	3/Month	Grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43		Monthly	Grab	
Benzo(a)Pyrene	SAMPLE MEASUREMENT	<.0002083	<.000332	kg/day		<1.72	<1.72	0	3/Month	Grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43		Monthly	Grab	
Benzo(ghi)Perylene	SAMPLE MEASUREMENT	<.0002083	<.000332	kg/day		<1.72	<1.72	0	3/Month	Grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43		Monthly	Grab	
Benzo(k)Fluoranthene	SAMPLE MEASUREMENT	<.0002083	<.000332	kg/day		<1.72	<1.72	0	3/Month	Grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43		Monthly	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
James Russell Chief Operator Professional Services Group TYPED OR PRINTED						908 572-6294		95	6	18	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
NJ Permit Equil.
PERMIT NUMBER
MONITORING PERIOD
FROM
TO

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

Table with 13 columns: PARAMETER, SAMPLE MEASUREMENT, PERMIT REQUIREMENT, QUANTITY OR LOADING, QUALITY OR CONCENTRATION, NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include Ideno(1,2,3cd)Pyrene, Phenanthrene, Aldrin, 4,4-DDT, PCB-1242, PCB-1248, and PCB-1254.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James Russell
Chief Operator
Professional Services Group

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James Russell

TELEPHONE
DATE
908 572-6294 95 6 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(2) Discharge Reporting Level - See Coresponding Footnote on Permit Equivalent

** See transmittal sheet for explanation.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME

ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

NJ Permit Equil

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

FACILITY Kin-Buc Landfill
LOCATION Edison, New Jersey

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
95 05 1 95 05 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT					<0.3	<0.3		0	1/week	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report Only	0.5 ⁽²⁾	ug/l		Weekly	Grab
Arsenic	SAMPLE MEASUREMENT	.0007872	.0014091			6.5	7.3		0	1/week	Comp. 24
	PERMIT REQUIREMENT	0.013	0.026	kg/day	*****	85.8	172	ug/l		Weekly	Comp
Cadmium	SAMPLE MEASUREMENT	<.0000218	<.0000347			<.18	<.18		0	1/week	Comp. 24
	PERMIT REQUIREMENT	0.0073	0.017	kg/day	*****	48.2	112	ug/l		Weekly	Comp
Chromium	SAMPLE MEASUREMENT	.000221	.0004246			1.825	2.2		0	1/week	Comp. 24
	PERMIT REQUIREMENT	0.030	0.060	kg/day	*****	198	396	ug/l		Weekly	Comp
Copper	SAMPLE MEASUREMENT					<1.4	<1.4		0	1/week	Comp. 24
	PERMIT REQUIREMENT	*****	*****	****	*****	Report Only	10 ³³	ug/l		Weekly	Comp
Lead	SAMPLE MEASUREMENT					1.2	1.2		0	1/week	Comp. 24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report Only	10	ug/l		Weekly	Comp
Nickel	SAMPLE MEASUREMENT	<.0042089	<.0088216			34.75	45.7		0	1/week	Comp. 24
	PERMIT REQUIREMENT	0.140	0.281	kg/day	*****	924	1850	ug/l		Weekly	Comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
James Russell Chief Operator Professional Services Group TYPED OR PRINTED							908 572-6294		75 6 18		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER		YEAR MO DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(2) Discharge Reporting Level - See Cooresponding Footnote on Permit Equivalent

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME
ADDRESS
FACILITY
LOCATION


DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
NJ Permit Equil
PERMIT NUMBER
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MONITORING PERIOD
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PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Zinc	SAMPLE MEASUREMENT	.003579	.0100185	kg/day		29.55	51.9	ug/l	0	1/week	Comp. 24
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350		Weekly	Comp.	
Cyanide	SAMPLE MEASUREMENT	.001212	.0019303	kg/day		<10.0	<10.0	ug/l	0	1/week	Comp. 24
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4		Weekly	Comp.	
Aluminum	SAMPLE MEASUREMENT	.0059803	.0206547	kg/day		49.375	107.0	ug/l	0	1/week	Comp. 24
	PERMIT REQUIREMENT	1.40	2.81		*****	9,240	18,500		Weekly	Comp.	
Iron	SAMPLE MEASUREMENT	.0022528	.0035904	kg/day		<18.6	<18.6	ug/l	0	1/week	Comp. 24
	PERMIT REQUIREMENT	80.6	162		*****	532,000	1,070,000		Weekly	Comp.	
Acute Toxicity, (LC50)	SAMPLE MEASUREMENT			*****				**	1		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****		%	See Permit Equivalent	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James Russell
Chief Operator
Professional Services Group
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
908 572-6294

DATE
95 6 18

AREA CODE
908

NUMBER
572-6294

YEAR
95

MO
6

DAY
18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

** See transmittal sheet.

(3) This limitation is equivalent to 2tu_a^S maximum.